


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED <b>Nicholas Kyle Martino</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>17-240(JBS)</b>		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name)  <b>US vs. Nicholas Martino</b>		8. PAYMENT CATEGORY Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Appeal <input type="checkbox"/>		9. TYPE PERSON REPRESENTED x Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/>	
				10. REPRESENTATION TYPE (See Instructions)  <b>SR</b>	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18 USC 875 Interstate Threats to injure a person - Violation of Supervised Release</b>					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS John O. Poindexter, III 110 Marter Ave. Suite 401 Moorestown, NJ 08057  Telephone Number : <b>856-866-9565</b>			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____ <div style="text-align: center;">               Signature of Presiding Judicial Officer or By Order of the Court  <b>8/6/18</b> <span style="float: right;"><b>8/2/18</b></span>              Date of Order <span style="float: right;">Nunc Pro Tunc Date</span>              Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO         </div>		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Law Offices of John O. Poindexter, III 110 Marter Ave. Suite 401 Moorestown, NJ 08057					
<b>CLAIM FOR SERVICES AND EXPENSES</b>					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. In					
a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$ ) TOTALS:					
16. Out of					
a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$ ) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE	